



2008 MASSACHUSETTS

Behavioral Risk Factor Surveillance System

Questionnaire

January 28, 2008

Behavioral Risk Factor Surveillance System 2008 Questionnaire

Table of Contents - 4264

Table of Contents	2
Interviewer's Script	4
Core Sections	6
Section 1: Health Status	6
Section 2: Healthy Days — Health-Related Quality of Life	6
Section 3: Health Care Access	7
State-Added 3a: MA Health Care Access [Splits 1,2,3]	7
Section 4: Sleep	9
Section 5: Exercise	10
Section 6: Diabetes	10
State-Added 6a: Diabetes [Split 1,2]	11
Section 7: Oral Health	12
Section 8: Cardiovascular Disease Prevalence	13
Section 9: Asthma	14
Section 10: Disability	14
Section 11: Tobacco Use	15
Section 12: Demographics	15
State-Added 12a: Race/Ethnicity [Splits 1,2,3]	17
State-Added 12b: City/Town [Splits 1,2,3]	20
State Added 12c: Sexual Orientation [Splits 1,2,3]	23
Section 13: Alcohol Consumption	23
Section 14: Immunization	24
State-added 14a: Immunization [Split 1]	25
Section 15: Falls	27
Section 16: Seatbelt Use	27
Section 17: Drinking and Driving	28
Section 18: Women's Health	28
Section 19: Prostate Cancer Screening	30
Section 20: Colorectal Cancer Screening	31
Section 21: HIV/AIDS	33
Section 22: Emotional Support and Life Satisfaction	34
Massachusetts State-added Questions and Optional Modules	36
Section 23: Quality of Life [Split 1]	36
Section 24: Disability [Splits 1, 2, 3]	36
Section 25: Public Housing Assistance Status [Split 3]	39
Section 26: Massachusetts Tobacco [Splits 1, 2, 3]	40
Section 27: Module 2 & State-added Diabetes [Split 1]	45
Section 28: Module 13 Anxiety and Depression [Split 2]	48
Section 29: Health Care Reform [Split 3]	50
Section 30: Cancer Control [Split 1]	52
Section 31: Module 14 - Random Child Selection [Split 1]	55
Section 32a: Module 15 - Childhood Asthma Prevalence [Split 1]	57
Section 32b: Childhood Health [Split 1]	58
Section 33: Varicella/Shingles [Split 2]	60
Section 34: Reactions to Race [Split 3]	61
Section 35: Alcohol and Health [Split 2]	64
Section 36: Drug Use and Health [Split 2]	68
Section 37: Alcohol and Drug Treatment [split 2]	75
Section 38: Gambling [Split 2]	76

Section 39: Family Planning [Split 3].....	77
Section 40: Sexual Behavior [Split 3].....	82
Section 41: Sexual Violence [Split 3]	84
Section 42: Suicide and Suicide Survivors [Split 3]	87
Section 43: Follow-up [Splits 1,2,3].....	90
Closing statement	90
Language Indicator	90

Interviewer's Script

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is (name) . We are gathering information about the health of **Massachusetts** residents. This project is conducted by the department of public health with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Pvtresid

Is this a private residence in **Massachusetts**?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

Cellphon1

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

Nadults

— Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

Numen

— Number of men

Nuwomen

— Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 4

To the correct respondent:

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is **(name)**. We are gathering information about the health of **Massachusetts** residents. This project is conducted by the department of public health with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, you can call Zi Zhang (pronounced zee chang) at (617) 624-5623.

Section 1: Health Status

GENHLTH	Would you say that in general your health is—	[1.1] (73)
	Please read:	
<div>Hlth1</div>	1 Excellent	
	2 Very good	
	3 Good	
	4 Fair	
	Or	
	5 Poor	
	Do not read:	
	7 Don't know / Not sure	
	9 Refused	

Section 2: Healthy Days — Health-Related Quality of Life

PHYSHLTH	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	[2.1] (74–75)
<div>Hlth4</div>	— — Number of days	
	8 8 None	
	7 7 Don't know / Not sure	
	9 9 Refused	

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? [2.2]
(76–77)

Hlth5

Number of days
 8 8 None [If PHYSHLTH and MENTHLTH = 88 (None), go to next section]
 7 7 Don't know / Not sure
 9 9 Refused

POORHLTH During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [2.3]
(78–79)

Hlth6

Number of days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Section 3: Health Care Access

HLTHPLAN Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? [3.1]
(80)

Hins1

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

State-Added 3a: MA Health Care Access [Splits 1,2,3]

[Splits 1,2,3]

{CATI: If HLTHPLAN=1, continue; Else go to MA3.3}

MA3.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

Hins7

1 Yes →Go to PERSDOC2
 2 No
 7 Don't know/Not sure
 9 Refused

MA3.2

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Hins8a

Please read

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

pre-MA3.3 - {All from MA3.2 go to PERSDOC2}**MA3.3.**

There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

Hins13

[Please read]

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

PERSDOC2 Do you have one person you think of as your personal doctor or health care provider?

Hins6a

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” [3.2]

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MEDCOST Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? [3.3]

Hins5

(82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. [3.4]

Chkup1

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

Dayslp

- 8 8 Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 5: Exercise

EXERANY2 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? [5.1] (86)

Ex1

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Section 6: Diabetes

DIABETE2 Have you ever been told by a doctor that you have diabetes? [6.1]

Diab1 If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

[CATI: if SEX=1, do not allow response '2'] (87)

1	Yes
2	Yes, but female told only during pregnancy
3	No
4	No, pre-diabetes or borderline diabetes
7	Don't know / Not sure
9	Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE2 (Diabetes awareness question).

MOD1.1. Have you had a test for high blood sugar or diabetes within the past three years? (227)

Bsd1

1	Yes
2	No
7	Don't know / Not sure
9	Refused

CATI note: If DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer MOD1.2 “Yes” (code = 1).

MOD1.2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

Bsd4

(228)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 6a: Diabetes [Split 1,2]

{If Split = 1 or 2, continue; If Split = 3 then go to next section}

Pre-MA 6.1:

{If Split = 1 or 2 and DIABETE2 = 3,4,7,9, continue; else if Split = 1 or 2 and DIABETE2 = 1 or 2, go to MA6.4}

MA6.1 Have you ever been told by a doctor that you have high blood sugar or glucose?

Bsd3

**[If yes, Was this once or more than once?]
[If female, Was this only during pregnancy?]**

- 1 Yes
- 2 Yes, more than once
- 3 Yes, but female told only during pregnancy
- 4 No
- 7 Don't know / Not sure
- 9 Refused

{IF MA6.1 = 1, 2 or MOD1.2 = 1, then continue.}

{Else if MA6.1 = 3,4,7,9 and MOD1.2 = 2, 7, 9 go to MA6.4}

MA6.2 Was it within the past 12 months that you were told for the first time that you have pre-diabetes, borderline diabetes, or high blood sugar or glucose?

Bsd5

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA6.3 How old were you when you were first told you had pre-diabetes, borderline diabetes, or high blood glucose?

Bsd6

[Note: We are interested in age when FIRST diagnosed with pre-diabetes, borderline diabetes, or high blood glucose, NOT current age]

- Code Age in Years (97 = 97 years and older)
- 9 8 Don't know
- 9 9 Refused

MA6.4 To your knowledge have any of your first degree blood relatives such as parents, brothers, or sisters had diabetes?

- | | | |
|----------|---|-----------------------|
| Diabmo5a | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

Section 7: Oral Health

LASTDEN3 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. [7.1] (88)

Read only if necessary:

- | | | |
|-------|---|---|
| Oral1 | 1 | Within the past year (anytime less than 12 months ago) |
| | 2 | Within the past 2 years (1 year but less than 2 years ago) |
| | 3 | Within the past 5 years (2 years but less than 5 years ago) |
| | 4 | 5 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 8 | Never |
| 9 | Refused |

RMVTEETH How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. [7.2]

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(89)

- | | | |
|-------|---|-----------------------|
| Oral3 | 1 | 1 to 5 |
| | 2 | 6 or more but not all |
| | 3 | All |
| | 8 | None |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

CATI note: If LASTDEN3 = 8 (Never) or RMVTEETH = 3 (All), go to next section.

DENCLEAN How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
[7.3] (90)

Read only if necessary:

Oral5	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 5 years (2 years but less than 5 years ago)
	4	5 or more years ago

Do not read:

7	Don't know / Not sure
8	Never
9	Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

CVDINFR4 (Ever told) you had a heart attack, also called a myocardial infarction? [8.1]
(91)

Cardo3a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

CVDCRHD4 (Ever told) you had angina or coronary heart disease? [8.2]
(92)

Cardo3b	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

CVDSTRK3 (Ever told) you had a stroke? [8.3]
(93)

Cardo3c	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

Section 9: Asthma

ASTHMA2	Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	[9.1] (94)
<div>Asthma1a</div>		
	1 Yes	
	2 No	[Go to next section]
	7 Don't know / Not sure	[Go to next section]
	9 Refused	[Go to next section]

ASTHNOW	Do you still have asthma?	[9.2] (95)
<div>Asthma4</div>		
	1 Yes	
	2 No	
	7 Don't know / Not sure	
	9 Refused	

Section 10: Disability

The following questions are about health problems or impairments you may have.

QLACTLM2	Are you limited in any way in any activities because of physical, mental, or emotional problems?	[10.1] (96)
<div>Q11</div>		
	1 Yes	
	2 No	
	7 Don't know / Not sure	
	9 Refused	
USEEQUIP	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	[10.2] (97)
<div>Disb15</div>		

Include occasional use or use in certain circumstances.

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 11: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life? [11.1]
(98)

Smk1

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

SMOKEDAY Do you now smoke cigarettes every day, some days, or not at all? [11.2]
(99)

Smk2

- | | | |
|---|-----------------------|----------------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? [11.3]
(100)

Smk4f

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 12: Demographics

AGE What is your age? [12.1]
(101-102)

Age

- | | | |
|---|---|-----------------------|
| | | Code age in years |
| 0 | 7 | Don't know / Not sure |
| 0 | 9 | Refused |

HISPANC2 Are you Hispanic or Latino? [12.2]
(103)

Hisp

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

MRACE

Which one or more of the following would you say is your race?

[12.3]
(104-109)**(Check all that apply)****Please read:**

Mrace1

Mrace2

Mrace3

Mrace4

Mrace5

Mrace6

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Mrace1_6 =Multiple
Race Info**Do not read:**

- 7 No additional choices
- 8 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to MRACE; continue. Otherwise, go to preMA12.1**ORACE2**

Which one of these groups would you say best represents your race?

[12.4]
(110)

Orace2

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-Added 12a: Race/Ethnicity [Splits 1,2,3]

[Splits 1,2,3]

pre-MA12.1: {If HISPANC2 = 1 or MRACE = 3 then Go to MA12.1; else go to VETERAN}

MA12.1. Which best describes your ancestry or heritage? Would you say ...{If HISPANC2 = 1, please read 1,2,3,4,6,12,13; Else if MRACE = 3, please read 5,6,8,10,11,14; Else if HISPANC2=1 AND MRACE=3, please read 1-14}

Ancestry

Please read

- 01 Puerto Rican
- 02 Dominican
- 03 Mexican
- 04 Salvadorian
- 05 Chinese
- 06 Filipino
- 08 Cambodian
- 10 Vietnamese
- 11 Japanese
- 15 Indian (Asian)

Or

- 12 Other Central American [specify: _____]
- 13 Other South American [specify: _____]
- 14 Other Asian [specify: _____]

Do not read

- 77 Don't Know/Not Sure
- 99 Refused

VETERAN Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* [12.5]

Military

(111)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MARITAL

Are you...?

[12.6]
(112)

Mrt1

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

CHILDREN

How many children less than 18 years of age live in your household?

[12.7]
(113-114)

Chage1

- Number of children
- 8 8 None
- 9 9 Refused

EDUCA

What is the highest grade or year of school you completed?

[12.8]
(115)

Educ

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

EMPLOY

Are you currently...?

[12.9]
(116)

Emp1

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

8 Unable to work

Do not read:

9 Refused

INCOME2 Is your annual household income from all sources—

[12.10]
(117-118)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

Inc m

0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
 (\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
 (\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
 (\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If “no,” code 02**

0 5 Less than \$35,000 **If “no,” ask 06**
 (\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If “no,” ask 07**
 (\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If “no,” code 08**
 (\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

WEIGHT2 About how much do you weigh without shoes?

[12.11]
(119-122)

Wght

Wtkg

NOTE: If respondent answers in metrics, put “9” in column 119.

Round fractions up

— — — — Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

CATI note: If WEIGHT2 = 7777 (Don't know/Not sure) or 9999 (Refused), skip WTYRAGO and WTCHGINT).

HEIGHT3 About how tall are you without shoes? [12.12]
(123-126)

Hght

NOTE: If respondent answers in metrics, put "9" in column 123.

Round fractions down

__ / __ Height
(ft / inches/meters/centimeters)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

WTYRAGO How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] **CATI:** If female respondent and age <46. [12.13]

Wtyrago

(127-130)

NOTE: If respondent answers in metrics, put "9" in column 127.

Round fractions up

__ __ __ Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

CATI note: Subtract weight one year ago from current weight. If weight is same, go to MA12.2.

WTCHGINT Was the change between your current weight and your weight a year ago intentional?

[12.14]
(131)

Wtchgint

1 Yes
2 No
7 Don't know / Not sure
9 Refused

State-Added 12b: City/Town [Splits 1,2,3]

[Splits 1,2,3]

MA12.2. What city or town do you live in?

Town

__ __ __ Town code [001-351]
8 8 8 OTHER: [SPECIFY: _____]
7 7 7 Don't Know/Not Sure
9 9 9 Refused

[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]

(DATA PROCESSING Note: CDC permits MA BRFSS to ask MA12.2 in lieu of the core 12.15. When submitting data to CDC, make sure that this is converted to MA county; otherwise, PC Edits will not accept it.)

ZIPCODE What is your ZIP Code where you live? [12.16]
(135-139)

Zipcode		ZIP Code
	7 7 7 7 7	Don't know / Not sure
	9 9 9 9 9	Refused

NUMHHOL2 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. [12.17]
(140)

Tels2		
	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

[Go to TELSERV2]
[Go to TELSERV2]
[Go to TELSERV2]

NUMPHON2 How many of these telephone numbers are residential numbers? [12.18]
(141)

Telres1		Residential telephone numbers [6 = 6 or more]
	7	Don't know / Not sure
	9	Refused

TELSERV2 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. [12.19]
(142)

Telres2		
	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

12.19a. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

Cellph1		
	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

[Go to Q12.19c]

12.19b. Do you share a cell phone for personal use (at least one-third of the time) with other adults?

(208)

Cellph2

- | | | |
|---|-----------------------|------------------------|
| 1 | Yes | [Go to Q12.19d] |
| 2 | No | [Go to SEX] |
| 7 | Don't know / Not sure | [Go to SEX] |
| 9 | Refused | [Go to SEX] |

12.19c. Do you usually share this cell phone (at least one-third of the time) with any other adults?

(209)

Cellph3

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

12.19d. Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

(210-212)

Cellph4

- | |
|---------------------------|
| Enter Percent (1 to 100) |
| 8 8 8 Zero |
| 7 7 7 Don't know/Not sure |
| 9 9 9 Refused |

SEX Indicate sex of respondent. Ask only if necessary.

[12.20]
(143)

Sex

- | | | |
|---|--------|---|
| 1 | Male | [Go to next section] |
| 2 | Female | [If respondent is > 50 years, go to next section] |

PREGNANT To your knowledge, are you now pregnant?

[12.21]
(144)

Preg1

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

(DATA PROCESSING Note: MA BRFSS is extending the age restriction from 44 yrs to 50 yrs for core question PREGNANT. When submitting data to CDC, make sure that this is taken into account; otherwise, PC Edits will not accept it.)

State Added 12c: Sexual Orientation [Splits 1,2,3]

[Split 1,2,3]

pre-MA12.3 – {If AGE=7,9,18-64, continue; If AGE>64, go to Next section}

MA12.3. Do you consider yourself to be:

Sexo1

Please read

- 1 Heterosexual or straight
- 2 Homosexual or [if respondent is male read “**gay**”; else if female, read “**lesbian**”]
- 3 Bisexual
- or**
- 4 other

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman.

MA12.4 Do you consider yourself to be transgender?

Transgen

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

[NOTE: Additional information for interviewer if asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.]

Section 13: Alcohol Consumption

DRNKANY4 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? [13.1]

Drnk1

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

(145)

ALCDAY4

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

[13.2]
(146-148)

Drnk2

1 _ _ _ Days per week

2 _ _ _ Days in past 30 days

8 8 8 No drinks in past 30 days

[Go to next section]

7 7 7 Don't know / Not sure

9 9 9 Refused

AVEDRNK2

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Drnk3

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

[13.3]
(149-150)

_ _ _ Number of drinks

7 7 Don't know / Not sure

9 9 Refused

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion?

[13.4]

(151-152)

Alc8

_ _ _ Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

MAXDRNK5

During the past 30 days, what is the largest number of drinks you had on any occasion?

(153-154)

Drnk4

_ _ _ Number of drinks

7 7 Don't know / Not sure

9 9 Refused

Section 14: Immunization

FLUSHOT3

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

[14.1]
(155)

Flu1

1 Yes

2 No

[Go to FLUSPRY2]

7 Don't know / Not sure

[Go to FLUSPRY2]

9 Refused

[Go to FLUSPRY2]

During what month and year did you receive your most recent flu shot?

Flu3b

Month / Year	Month / Year
Don't know / Not sure	Don't know / Not sure
Refused	Refused

During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™. [14.3]

[14.3]

Flu7

(162)

1	Yes	
2	No	[Go to pre-MA14.1]
7	Don't know / Not sure	[Go to pre-MA14.1]
9	Refused	[Go to pre-MA14.1]

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

(163-168)

Flu3c

Month / Year	Month / Year
Don't know / Not sure	Don't know / Not sure
Refused	Refused

State-added 14a: Immunization [Split 1]

If Split = 2 or 3, go to PNEUVAC3

If Split = 1 and (FLUSHOT3 = 1 or FLUSPRY2 = 1) then go to MA14.1

If Split = 1 and FLUSHOT3 is (2, 7, 9) and FLUSPRY2 is (2, 7, 9) then go to MA14.2}

At what kind of place did you get your last {if FLUSHOT3=1 then read “flu shot”, if FLUSPRY2=1 then read “flu vaccine that was sprayed in your nose”}?

Flu2

[READ ONLY IF NECESSARY]

01 A doctor's office or health maintenance organization [Go to MA14.3]
02 A health department [Go to MA14.3]
03 Another type of clinic or health center [Go to MA14.3]
04 A senior, recreation, or community center [Go to MA14.3]
05 A store [Examples: supermarket, drug store] [Go to MA14.3]
06 A hospital as an inpatient [Go to MA14.3]
07 Emergency room [Go to MA14.3]
08 Workplace [Go to MA14.3]
Or
09 Some other kind of place [specify]: _____[Go to MA14.3]
77 Don't know [Go to MA14.3]
99 Refused [Go to MA14.3]

MA14.2

What is the main reason you didn't get a flu shot or a flu spray in the nose?

Flu6

[READ ONLY IF NECESSARY]

Would you say:

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available
- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 08 Don't need a flu shot/not at risk/flu not serious
- 10 Shot could give me the flu/allergic reaction/other health problem
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 12 Don't like shots or needles / don't want it

Or

- 13 Other **[specify]** _____
- 77 Don't Know/Not Sure
- 99 Refused

MA14.3

Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

Wrkhcf

[Note: If necessary say: This includes part-time and volunteer work.]

- 1 Yes
- 2 No
- 7 Don't know/Not sure (**Do not probe**)
- 9 Refused

PNEUVAC3

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
[14.5]

(169)

Pneum

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL3MN2 In the past 3 months, how many times have you fallen? [15.1]
(170-171)

Fall3		Number of times	[76 = 76 or more]
	<u>8</u> <u>8</u>	None	
	7 7	Don't know / Not sure	
	9 9	Refused	

15.2 [Fill in "Did this fall (from Q15.1) cause an injury?"]. If only one fall from FALL3MN2 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

Fall4		[CATI: Response to 15.2 must be ≤ FALL3MN2]	
			(172-173)
	<u>8</u> <u>8</u>	Number of falls	[76 = 76 or more]
	8 8	None	[Go to next section]
	7 7	Don't know / Not sure	[Go to next section]
	9 9	Refused	[Go to next section]

Section 16: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say—
[16.1] (174)

Please read:

Stblt	1	Always
	2	Nearly always
	3	Sometimes
	4	Seldom
	5	Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to section 18; otherwise continue.

Section 17: Drinking and Driving

CATI note: If DRNKANY4 = 2 (No); go to next section.

The next question is about drinking and driving.

DRINKDRI During the past 30 days, how many times have you driven when you've had perhaps too much to drink? [17.1]
(175-176)

Alc9

- | | | |
|---|---|-----------------------|
| 8 | 8 | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

HADMAM A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? [18.1]
(177)

Mamm2

- | | | |
|---|-----------------------|------------------|
| 1 | Yes | |
| 2 | No | [Go to PROFEXAM] |
| 7 | Don't know / Not sure | [Go to PROFEXAM] |
| 9 | Refused | [Go to PROFEXAM] |

HOWLONG How long has it been since you had your last mammogram? [18.2]
(178)

Mamm3a

Read only if necessary:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

PROFEXAM A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? [18.3]
(179)

Brst1	1	Yes	
	2	No	[Go to HADPAP2]
	7	Don't know / Not sure	[Go to HADPAP2]
	9	Refused	[Go to HADPAP2]

LENGEXAM How long has it been since your last breast exam? [18.4]
(180)

Read only if necessary:

Brst2a	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 3 years (2 years but less than 3 years ago)
	4	Within the past 5 years (3 years but less than 5 years ago)
	5	5 or more years ago

Do not read:

7	Don't know / Not sure
9	Refused

HADPAP2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? [18.5]
(181)

Crvx2	1	Yes	
	2	No	[Go to HADHYST2]
	7	Don't know / Not sure	[Go to HADHYST2]
	9	Refused	[Go to HADHYST2]

LASTPAP2 How long has it been since you had your last Pap test? [18.6]
(182)

Read only if necessary:

Crvx3a	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 3 years (2 years but less than 3 years ago)
	4	Within the past 5 years (3 years but less than 5 years ago)
	5	5 or more years ago

Do not read:

7	Don't know / Not sure
9	Refused

CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2 Have you had a hysterectomy? [18.7]
(183)

Hyst

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

PSATEST A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? [19.1]
(184)

- 1 Yes
- 2 No [Go to DIGRECEX]
- 7 Don't Know / Not sure [Go to DIGRECEX]
- 9 Refused [Go to DIGRECEX]

PSATIME How long has it been since you had your last PSA test? [19.2]
(185)

Psa1

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

DIGRECEX A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? [19.3]
(186)

Colo2

- 1 Yes
- 2 No [Go to PROSTATE]
- 7 Don't know / Not sure [Go to PROSTATE]
- 9 Refused [Go to PROSTATE]

DRETIME. How long has it been since your last digital rectal exam? [19.4]
(187)

Colo3a

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

PROSTATE Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? [19.5]
(188)

Prost1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

BLDSTOOL A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? [20.1]
(189)

Colo5

- 1 Yes
- 2 No [Go to HADSIGM3]
- 7 Don't know / Not sure [Go to HADSIGM3]
- 9 Refused [Go to HADSIGM3]

LSTBLDS2 How long has it been since you had your last blood stool test using a home kit? [20.2]
(190)

Colo6

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

HADSIGM3

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

[20.3]
(191)

Colo8

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

20.4

For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy?

(192)

Hadsigcol

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

LASTSIG2

How long has it been since you had your last sigmoidoscopy or colonoscopy?

[20.5]
(193)

Colo9

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

HIVTST5

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. [21.1]

Hiv15

(194)

- 1 Yes
- 2 No [Go to 21.5]
- 7 Don't know / Not sure [Go to 21.5]
- 9 Refused [Go to 21.5]

HIVTSTD2

Not including blood donations, in what month and year was your last HIV test? [21.2]

Hiv25b

(195-200)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

__ / __ __ __ __ Code month and year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

WHRTST8

Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? [21.3]

Hiv10c2

(201-202)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask HIVRDTST; if HIVTSTD2 = within last 12 months. Otherwise, go to Q21.5.

HIVRDTST Was it a rapid test where you could get your results within a couple of hours? [21.4]
(203)

Hivrdtst

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

21.5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Ivstdhiv

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(204)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

EMTSUPRT How often do you get the social and emotional support you need? [22.1]

INTERVIEWER NOTE: If asked, say "please include support from any source".

(205)

Please read:

Ql6

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

LSATISFY

In general, how satisfied are you with your life?

[22.2]
(206)

Q17

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Massachusetts State-added Questions and Optional Modules

Section 23: Quality of Life [Split 1]

{If Split = 1 continue; Else if Splits = 2 or 3 then go to next section}

Now I would like to ask you some questions about your health and problems you may have.

MA23.1 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

Daysad	____	Number of days
	8 8	None
	7 7	Don't know/Not sure
	9 9	Refused

MA23.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

Daytense	____	Number of days
	8 8	None
	7 7	Don't know/Not sure
	9 9	Refused

Section 24: Disability [Splits 1, 2, 3]

{If core QLACTLM2 = 1 then go to MA24.1. Else go to MA24.2.}

MA24.1 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

Disb5	PLEASE READ	
	1	Not any distance
	2	Across a small room
	3	About the length of a typical house
	4	About one or two city blocks
	5	About one mile
	-or-	
	6	More than one mile
Do not read:		
7	Don't know / Not sure	
9	Refused	

MA24.2

Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

Disb2

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

{If core QLACTLM2 = 1 or USEEQUIP = 1 or MA24.2 = 1 then go to MA24.4. Else, go to MA24.3.}

MA24.3.

A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

Disb2a

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't know / Not sure **[go to next section]**
- 9 Refused **[go to next section]**

MA24.4

What is the major impairment or health problem that limits your activities or causes your disability?

Q12b

[Note: If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated in an earlier question."]

Read Only if Necessary:

- 01 Hearing problem
- 02 Eye/vision problem

- 03 Arthritis/rheumatism
- 04 Fibromyalgia

- 05 Back or neck problem
- 06 Fractures, bone or joint injury
- 07 Joint replacement (e.g., hip or knee replacement)
- 08 Leg/foot or arm/hand amputation, or congenitally missing or deformed limb
- 09 Walking or mobility problem (e.g., in a wheelchair, uses a cane, walker, etc.)

- 10 Asthma
- 11 Other lung/breathing problem (e.g., COPD, emphysema, bronchitis)

- 12 Heart problem
- 13 Stroke problem
- 14 Hypertension/high blood pressure

- 15 Diabetes
- 16 Cancer

- 17 Multiple Sclerosis (M.S.)
- 18 Parkinson's Disease
- 19 Epilepsy, Seizure Disorder, Seizures

- 20 Learning Disability, Dyslexia, ADD or ADHD, Concentration
- 21 Memory, Remembering, Forgetting, Alzheimer's Disease, Dementia

- 22 Substance Abuse (Alcoholism, Drug Addiction, Addicted to Prescription Meds)
- 23 Mental Illness/Mental Health problem (Other than Substance Abuse)
- 24 Stress, Worry, Nervousness, other non-specific emotional distress

- 25 Obesity, Overweight, Weight
- 26 Sleep disorder (e.g., Insomnia, Sleep Apnea)
- 27 Other impairment/problem **[specify:_____]**

Do not read:

- 77 Don't know/Not sure
- 99 Refused

MA24.5. For how long have your activities been limited because of your major impairment, health problem or disability?

Q13

- 1 ____ Days
- 2 ____ Weeks
- 3 ____ Months
- 4 ____ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

MA24.6. Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Q14

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA24.7. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Q15

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 25: Public Housing Assistance Status [Split 1]

{If split = 1 then continue; else if split = 2 or 3 then go to next section}

The next question is about the nature of your housing situation. We ask everyone these questions to get a better picture of how people's health may be related to the environments in which they live.

MA25.1 Are you currently . . . **MULTIPLE RESPONSE.**

Pubhous1

- 01 Living in a place you own (NOTE: include owning with one or more other people)
- 02 Living in a building owned by the state or federal government and managed by a local Housing Authority (This is commonly called Public Housing)
- 03 Part of a household that receives Section 8 rental assistance
- 04 Part of a household that receives Massachusetts Rental Voucher Program rental assistance (MRVP)
- 05 Part of a household that receives Alternative Housing Voucher Program rental assistance (AHVP)
- 06 Living in a rental unit managed by the Department of Housing and Community Development or by Mass Housing
- Or
- 07 Living in another type of rental situation (i.e., no rental assistance received)

Pubhous2

Pubhous3

Do Not Read:

- 08 Receiving rental assistance, but don't remember/know what it's called
- 09 Living in a non-rental situation (e.g., I own my own home, I'm not renting, I live for free in someone else's home, etc.)
- 77 Don't Know/Not Sure
- 99 Refused

Section 26: Massachusetts Tobacco [Splits 1, 2, 3]

{If split = 1 then the do MA26.1-MA26.20d; else if split = 2 or 3 then MA26.1-MA26.11}

Pre-MA26.1:

If SMOKEDAY = 1 then go to MA26.1; (everyday smokers)
Else if SMOKEDAY = 2 then go to MA26.2; (some days smokers)
Else if SMOKEDAY = 3 then go to MA26.4; (former smokers)
Else if SMOKE100 = [2,7,9] or SMOKEDAY = [7,9] then go to MA26.5 (unknown)

Now I would like to ask you some more questions about smoking.

MA26.1. [DAILY SMOKERS] On the average, about how many cigarettes a day do you now smoke?

Smk3a

[1 pack = 20 cigarettes]

-- Number of cigarettes [76 =76 or more] [Go to MA26.4]
77 Don't know / Not sure [Go to MA26.4]
99 Refused [Go to MA26.4]

MA26.2. [SOME DAYS SMOKERS] During the past 30 days, on how many days did you smoke cigarettes?

Smk3c

-- Number of days [1-30]
88 None [Go to MA26.4]
77 Don't know / Not sure [Go to MA26.4]
99 Refused [Go to MA26.4]

MA26.3. [SOME DAYS SMOKERS] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

[1 pack = 20 cigarettes]

-- Number of cigarettes [76 =76 or more]
77 Don't know / Not sure
99 Refused

MA26.4 [CURRENT SMOKERS, FORMER SMOKERS] About how old were you when you first started smoking cigarettes regularly?

smkagereg

-- Code age in years [96=96 and older]
97 Never smoked regularly
98 Don't know / Not sure
99 Refused

MA26.5. [CURRENT SMOKERS] Are you planning to stop smoking within the next 30 days?

Smk9d

1 Yes [Go to MA26.7]
2 No [Go to MA26.7]
7 Don't know / Not sure [Go to MA26.7]
9 Refused [Go to MA26.7]

MA26.6. **[FORMER SMOKERS]** About how long has it been since you last smoked cigarettes regularly?

Smk5a

Read only if necessary

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 3 years (1 to 3 years ago)
- 06 Within the past 5 years (more than 3 years but less than 5 years ago)
- 07 Within the past 10 years (5 years but less than 10 years ago)
- 08 10 or more years ago

Do not read

- 77 Don't know / Not sure
- 99 Refused

The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

MA26.7 **[ALL]:** Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

Etsadsmk

[CATI: MA26.7 ≤ NUMADULT]

- Number of adults **[1-76]**
- 88 None
- 77 Don't Know / Not sure
- 99 Refused

MA26.8 Which statement best describes the rules about smoking in your home ...

Ensmk2

Please read:

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or
- 3 smoking is permitted anywhere

Do not read:

- 7 Don't know/Not sure
- 9 Refused

MA26.9 Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at home**?

Etshome

- Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

{If EMPLOY = [1,2] then go to MA26.10; else if EMPLOY = [3,4,5,6,7,8,9] then go to MA26.11}

MA26.10 Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at work**?

Etswork	__	Number of hours per week [76 = 76 or more]
	01	An hour or less per week, but more than none
	88	None
	77	Don't Know
	99	Refused

MA26.11 Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **in other places**?

Etsother	__	Number of hours per week [76 = 76 or more]
	01	An hour or less per week, but more than none
	88	None
	77	Don't Know
	99	Refused

Pre-MA26.12: MA26.12 – MA26.20d are asked in SPLIT 1 ONLY.

MA26.12 Do you currently live in a single family home, in a duplex, in a condo or townhouse, or in an apartment?

Etsdwell	1	Single family home [Go to next section]
	2	Duplex
	3	Condo or Townhouse
	5	Apartment
	6	Other [specify]: _____
	7	Don't know/Not sure
	9	Refused

MA26.13 In the past 30 days, have you experienced second hand smoke drifting into your **unit** from a smoker in another unit or from a smoker outside?

Etsdriftb

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA26.14 Thinking about the past 7 days, were you in a car when you or someone else was smoking?

Etsscar

- 1 Yes
- 2 No [Go to MA26.16]
- 7 Don't know / Not sure [Go to MA26.16]
- 9 Refused [Go to MA26.16]

MA26.15 When you were in a car when someone was smoking, were there any children in the car?

Etsarch

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA26.16 Would you support a state law to ban smoking in cars when children are passengers?

Etsbancar

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Pre-MA26.17 {If (SMOKEDAY = 1 or 2) or (SMOKEDAY = 3 and MA26.6 = (1, 2, 3, 4)) – current smokers and former smokers who quit in the past year, then continue; else go to next section.}

MA26.17. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

Tobhpad1

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

MA26.18. During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

Tobhpad2

- 1 Yes [Go to MA26.20]
- 2 No
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

MA26.19. During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

Tobhpad3	1	Yes	[Go to next section]
	2	No	[Go to next section]
	7	Don't know/Not sure	[Go to next section]
	9	Refused	[Go to next section]

MA26.20. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?

MA26.20a. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

Tobhpad4a	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

MA26.20b. Suggest that you set a specific date to stop smoking?

Tobhpad4b	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

MA26.20c. Suggest that you use a smoking cessation class, program, quit line, or counseling?

Tobhpad4c	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

MA26.20d. Provide you with booklets, videos, or other materials to help you quit smoking on your own?

Tobhpad4d	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

Section 27: Module 2 & State-added Diabetes [Split 1]

{If split = 1 then continue, else if split = 2 or 3 then go to next section}

To be asked following check DIABETE2; if response is "Yes" (code = 1); else go to MA30.1.

Now I'd like to ask you some additional questions about diabetes.

MA27.1 What type of diabetes do you have?

Diabtype

Please read:

- 1 Type 1
- 2 Type 2
- or
- 3 Other [specify_____]

Do not read:

- 7 Don't know /Not sure
- 9 Refused

DIABAGE2. How old were you when you were told you have diabetes?

[MOD2.1]
(229-230)

Diab2

- __ __ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to INSULIN}

MA27.2. I'm sorry, you indicated you were {cati: fill-in response from AGE} years old, and were first diagnosed with Diabetes at age {cati: fill-in response from DIABAGE2}. What was your age when you were FIRST diagnosed with diabetes?

Diab2_chk

- __ __ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

INSULIN Are you now taking insulin?

[MOD2.2]
(231)

Diab3

- 1 Yes
- 2 No
- 9 Refused

BLDSUGAR About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. [MOD2.3]
(232-234)

Diab5

1	—	—	Times per day
2	—	—	Times per week
3	—	—	Times per month
4	—	—	Times per year
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

FEETCHK2 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. [MOD2.4]
(235-237)

Diab9a

1	—	—	Times per day
2	—	—	Times per week
3	—	—	Times per month
4	—	—	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

DOCTDIAB About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? [MOD2.5]

Diab7

(238-239)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

CHKHEMO3 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? [MOD2.6]

Diab8a

(240-241)

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know / Not sure
9	9	Refused

CATI note: If FEETCHK2 = 555 (No feet), go to EYEEEXAM.

FEETCHK

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? [MOD2.7]

(242-243)

Diab9

- Number of times [76 = 76 or more]
- | | | |
|---|---|-----------------------|
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

EYEEEXAM

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. [MOD2.8]

(244)

Diab3a

Read only if necessary:

- | | |
|---|--|
| 1 | Within the past month (anytime less than 1 month ago) |
| 2 | Within the past year (1 month but less than 12 months ago) |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |
| 4 | 2 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 8 | Never |
| 9 | Refused |

DIABEYE

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? [MOD2.9]

(245)

Diab3b

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

{CATI Note: If FEETCHK2 = 555 (No feet), go to DIABEDU.}

MA27.3.

When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Diab14

Read only if necessary:

- | | |
|---|--|
| 1 | Within the past month (any time less than 1 month ago) |
| 2 | Within the past year (1 to 12 months ago) |
| 3 | Within the past 2 years (1 to 2 years ago) |
| 4 | 2 or more years ago |
| 8 | Never |

Do not read:

- | | |
|---|---------------------|
| 7 | Don't Know/Not Sure |
| 9 | Refused |

DIABEDU Have you ever taken a course or class in how to manage your diabetes yourself?
[MOD2.10] (246)

Diabmo1c	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

Section 28: Module 13 - Anxiety and Depression [Split 2]

{If split = 2 then continue, else if split = 1 or 3 then go to next section}

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

ADPLEASR Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
[MOD13.1] (321-322)

Adpleasr	01-14 days
	None
	Don't know / Not sure
	Refused

ADDOWN Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
[MOD13.2] (323-324)

Addown	01-14 days
	None
	Don't know / Not sure
	Refused

ADSLEEP Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
[MOD13.3] (325-326)

Adsleep	01-14 days
	None
	Don't know / Not sure
	Refused

ADENERGY Over the last 2 weeks, how many days have you felt tired or had little energy? [MOD13.4]
(327-328)

Adenergy	<input type="text"/>	<input type="text"/>	01-14 days
	<input type="text"/>	<input type="text"/>	None
	<input type="text"/>	<input type="text"/>	Don't know / Not sure
	<input type="text"/>	<input type="text"/>	Refused

ADEAT Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
[MOD13.5]
(329-330)

Adeat	<input type="text"/>	<input type="text"/>	01-14 days
	<input type="text"/>	<input type="text"/>	None
	<input type="text"/>	<input type="text"/>	Don't know / Not sure
	<input type="text"/>	<input type="text"/>	Refused

ADFAIL Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? [MOD13.6]
(331-332)

Adfail	<input type="text"/>	<input type="text"/>	01-14 days
	<input type="text"/>	<input type="text"/>	None
	<input type="text"/>	<input type="text"/>	Don't know / Not sure
	<input type="text"/>	<input type="text"/>	Refused

ADTHINK Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? [MOD13.7]
(333-334)

Adthink	<input type="text"/>	<input type="text"/>	01-14 days
	<input type="text"/>	<input type="text"/>	None
	<input type="text"/>	<input type="text"/>	Don't know / Not sure
	<input type="text"/>	<input type="text"/>	Refused

ADMOVE Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? [MOD13.8]
(335-336)

Admove	<input type="text"/>	<input type="text"/>	01-14 days
	<input type="text"/>	<input type="text"/>	None
	<input type="text"/>	<input type="text"/>	Don't know / Not sure
	<input type="text"/>	<input type="text"/>	Refused

ADANXEV Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? [MOD13.9] (337)

Adanxev	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

ADDEPEV Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? [MOD13.10] (338)

Addepev	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

Section 29: Health Care Reform [Split 3]

{If split = 3 then continue, else if split = 1 or 2 then go to next section}

{If HLTHPLAN = 2 and MA3.3 = 88 then go to Health Care Reform Intro and then MA29.1 (respondents with no health insurance);

Else if HLTHPLAN = 1 or MA3.3 in (1 2 3 4 5 6 7 8) then go to Health Care Reform Intro and then MA29.4 (respondents with health insurance);

Else if CHECKUP1 = 1 then go to Health Care Reform Intro and MA29.6 (respondents with unknown health insurance status but had a routine check-up in past year);

Else go to next section (respondents with unknown health insurance status and no routine check-up in past year).}

Health Care Reform Intro: My next questions are about health care coverage. Your answers will be kept confidential. The information you provide is important for the implementation of health care reform in Massachusetts.

MA29.1 Earlier you said that you do not currently have health insurance. What are the reasons you do not have health insurance?

(Read only if necessary; code up to three responses)

Hlthrf1a-c	1	Not offered by employer
	2	Offered by employer, but too expensive
	3	Offered by employer, but benefits too limited
	4	Unemployed
	5	Too expensive
	6	Don't know where to get it

- 7 Didn't know I had to have it
 8 Some other reason (specify_____)
- 77 Don't know/Not sure
 99 Refused

MA29.2 Have you heard of the Commonwealth Connector, a state program that can help you to obtain health insurance?

Hlthrf2

- 1 Yes [Go to MA29.3]
 2 No [Go to pre-MA29.6]
- 7 Don't know/not sure [Go to pre-MA29.6]
 9 Refused [Go to pre-MA29.6]

MA29.3 Where did you learn about this program?

(Read only if necessary; code up to four responses)

Hlthrf3a-d

- 1 Public transportation ad [Go to pre-MA29.6]
 2 Television [Go to pre-MA29.6]
 3 Radio [Go to pre-MA29.6]
 4 Newspaper [Go to pre-MA29.6]
 5 Other (Specify_____). [Go to pre-MA29.6]
- 7 Don't know/not sure [Go to pre-MA29.6]
 9 Refused [Go to pre-MA29.6]

MA29.4 Earlier you said that you have health care coverage. For how long have you had your current coverage?

Hlthrf4

(Read only if necessary)

- 1 One month or less [Go to MA29.5]
 2 2 to 3 months [Go to MA29.5]
 3 4 to 6 months [Go to MA29.5]
 4 7 to 9 months [Go to MA29.5]
 5 10 to 12 months [Go to pre-MA29.6]
 6 More than a year [Go to pre-MA29.6]
 7 Don't know/not sure [Go to pre-MA29.6]
 9 Refused [Go to pre-MA29.6]

MA29.5 Did you obtain your current health care coverage due to the recent changes in Massachusetts law which requires Massachusetts residents to have health insurance as of July 1, 2007?

Hlthrf5

- 1 Yes
 2 No
- 7 Don't know/not sure
 9 Refused

Pre-MA29.6: If CHECKUP1 = 1 then go to MA29.6; else go to Health Care Reform Closing Remarks.

MA29.6 You indicated earlier that you have had a routine checkup within the past year.
Where did you go for the check up? Was it

Hlthrf6

- 1 A doctor's office
- 2 Community health center or clinic

Or

- 3 Some other kind of place (**specify:** _____)

Do not read:

- 7 Don't know/not sure
- 9 Refused

Health Care Reform Closing Remarks: If you or anyone you know is interested in information or needs help in enrolling in a health plan, please contact the Commonwealth Connector at 1-877-623-6765.

Section 30: Cancer Control [Split 1]

{If split = 1 then continue, else if split = 2 or 3 then go to next section}

MA30.1 Have you ever been diagnosed with any type of cancer?

Candiag

- 1 Yes
- 2 No [Go to pre-MA30.1qc]
- 7 Don't Know/Not Sure [Go to pre-MA30.1qc]
- 9 Refused [Go to pre-MA30.1qc]

Pre-MA30.1qc: {CATI: if PROSTATE=2,7,9 and MA30.1=2,7,9, go to Pre-MA30.4;
Else if PROSTATE=1 and MA30.1=2,7,9, go to MA30.1qc;
Else if MA30.1=1, continue to pre-MA30.2}

MA30.1qc I'm sorry, you said you have never been diagnosed with any type of cancer, but earlier I recorded that you were previously diagnosed with prostate cancer. I need to confirm this response. Have you EVER been diagnosed with ANY type of cancer, including prostate cancer?

Candiag_chk

- 1 Yes
- 2 No [Go to pre-MA30.4]
- 7 Don't Know/Not Sure [Go to pre-MA30.4]
- 9 Refused [Go to pre-MA30.4]

{FOR DATA PROCESSOR: if PROSTATE=1 AND MA30.1=2,7,9 AND MA30.1qc=2,7,9, please code MA30.2=03 and 77/7777 for MA30.3}

Pre-MA30.2 {CATI: If MA30.1=1 or MA30.1qc=1, continue;
Else If core SEX=1 AND (MA30.1=2,7,9 or MA30.1qc=2,7,9) go to pre-MA30.4;
Else if core SEX=1 and PROSTATE=2,7,9 and (MA30.1=2,7,9 or MA30.1qc=2,7,9) go to pre-MA30.4}

MA30.2 What type or types of cancer were you diagnosed as having? [Code up to 3]

Catype_a	01	lung
Catype_b	02	colorectal
Catype_c	03	prostate
	04	breast
	05	cervical, ovarian, or uterine
	06	pancreatic
	07	stomach or esophageal
	08	liver/bile duct
	09	urinary/bladder
	10	non-Hodgkin lymphoma
	11	leukemia
	12	thyroid
	13	oral cavity/pharynx
	14	melanoma
	16	skin cancer (other than melanoma)
	15	other [specify: _____]
	77	Don't Know/Not Sure
	99	Refused

MA30.3 In what month and year were you first diagnosed with cancer?

Cantimea

___ / ___ (month/year)

77/7777 Don't know/Don't recall

99/9999 Refused

Pre-MA30.4: {If [core SEX = 1 (male) and AGE <= 39] or if [core SEX = 2 (female)], go to MA30.6;
Else if core SEX = 1 and AGE >= 40 (male and age 40 or older), continue.}

MA30.4 Have you ever discussed prostate cancer early detection or screening with your health care provider?

Everpsa

1	Yes	
2	No	[Go to MA30.6]
7	Don't Know/Not Sure	[Go to MA30.6]
9	Refused	[Go to MA30.6]

MA30.5

When did you last discuss prostate cancer early detection or screening with your health care provider? Was it. . .

Timepsa

Please read

- 1 Within the past year
- 2 More than a year ago, but within the past two years
- 3 More than two years ago, but within the past three years
- 4 More than three years ago

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

MA30.6

Have you ever asked family members about or been told by family members about the history of cancer in your family?

[Please record a yes answer as long as the respondent has ever asked about or been told about at least one person having cancer in his or her family]

Canhist3

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MA30.7

Have you ever told your health care provider about the history of cancer in your family?

Canhist1

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't Know/Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

MA30.8

When you told your health care provider about the history of cancer in your family, which family members did you mention? Did you include your. . .

[Code up to six answers. Record an answer if respondent discussed at least one person who falls under a particular relationship to themselves. Read text in parentheses only if necessary.]

Canhist2a

Canhist2b

Canhist2c

Canhist2d

Canhist2e

Canhist2f

- 1 Grandparents
- 2 Great Aunts and Uncles (i.e., your grandparents' biological siblings)
- 3 Parents
- 4 Aunts and Uncles (i.e., your parents' biological siblings)
- 5 Siblings (i.e., your biological brothers and/or sisters)
- 6 Children (i.e., your own biological children)

Do Not Read:

- 7 Don't Remember/Not Sure
- 9 Refused

Section 31: Module 15 - Random Child Selection [Split 1]

{If split = 1 then continue, else if split = 2 or 3 then go to next section}

CATI note: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If CHILDREN = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to RCSBIRTH]**

If CHILDREN is >1 and CHILDREN does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child.
Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

RCSBIRTH What is the birth month and year of the “Xth” child?

[MOD15.1]
(366-371)

ChldH1

$\frac{\quad}{\quad}$	Code month and year
$\frac{7}{7} \frac{7}{7} \frac{7}{7} \frac{7}{7} \frac{7}{7}$	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

RCSGENDR Is the child a boy or a girl?

[MOD15.2]
(372)

ChldH2

1	Boy
2	Girl
9	Refused

RCHISLAT Is the child Hispanic or Latino?

[MOD15.3]
(373)

ChldH3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RCSRACE Which one or more of the following would you say is the race of the child?

[MOD15.4]
(374-379)

ChldH4a

[Check all that apply]

ChldH4b

Please read:

ChldH4c

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

ChldH4d

ChldH4e

ChldH4f

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to RCSRACE, continue. Otherwise, go to RCSRLTN2.

RCSBRACE Which one of these groups would you say best represents the child's race? [MOD15.5]

(380)

ChldR1

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

RCSRLTN2 How are you related to the child?

[MOD15.6]
(381)

ChldR2

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 32a: Module 16 - Childhood Asthma Prevalence [Split 1]

{If split = 1 then continue, else if split = 2 or 3 then go to next section}

CATI note: If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

CASTHDX2 Has a doctor, nurse or other health professional EVER said that the child has asthma?
[MOD16.1]

(382)

Chasth4

- 1 Yes
- 2 No **[Go to Section 32b]**
- 7 Don't know / Not sure **[Go to Section 32b]**
- 9 Refused **[Go to Section 32b]**

CASTHNO2 Does the child still have asthma?

[MOD16.2]
(383)

Chasth4a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 32b: Childhood Health [Split 1]

{If split = 1 then continue, else if split = 2 or 3 then go to next section}

{CATI: If CHILDREN = 88 (None) or 99 (Refused), go to next section.}

MA32.1. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

Hinsch3

- | | | |
|---|---------------------|-----------------------|
| 1 | Yes | [Go to MA32.3] |
| 2 | No | |
| 7 | Don't know/Not sure | [Go to MA32.3] |
| 9 | Refused | [Go to MA32.3] |

MA32.2. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

Hinsch4

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

MA32.3. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

Hinsch5

Please read:

- | | |
|---|---------------------------------------|
| 1 | Within 1 month |
| 2 | Within the past 3 months (1-3 months) |
| 3 | Within the past 6 months (3-6 months) |
| 4 | Within the past year (6-12 months) |
| 5 | More than one year |

Do Not Read:

- | | |
|---|------------|
| 7 | Don't know |
| 9 | Refused |

MA32.4. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

Hinsch6

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

[Pre-MA32.5]: {IF CHILDAge2 < 3 years old OR IF CHILDAge2 = DK/REF then GO TO Pre-MA32.6; ELSE continue}

MA32.5. [Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

Hinsch7

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Pre-MA32.6: {If CHILDAge2 < 6 then GO to MA32.8}

MA32.6. [Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

Hinsch9

[NOTE: Permanent teeth come in after primary teeth and include molars]

- 1 Yes
- 2 No [Go to MA32.8]
- 7 Don't Know/Not Sure [Go to MA32.8]
- 9 Refused [Go to MA32.8]

MA32.7. On how many of this child's permanent teeth are there dental sealants?

Hinsch10

Please Read:

- 1 1-4 teeth
- 2 5-8 teeth
- 3 None

Do Not Read:

- 7 Don't know/Not sure
- 9 Refused

MA32.8. [All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

Hinsch8

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 33: Varicella/Shingles [Split 2]

{If split = 2 then continue, else if split = 1 or 3 then go to next section}

I would like to ask a few questions about the health of everyone living in the household, including children.

MA33.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Varic1a to
Varic1r

Code ages:

0 = < 1 year

97 = 97 and older

98 = DK/NS

99 = Refused

a. Person #1 --

b. Person #2 --

c. Etc.

MA33.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

Varic2

1 Yes

2 No

7 Don't know/Not sure

9 Refused

[Go to MA33.4]

[Go to MA33.4]

[Go to MA33.4]

MA33.3. What are the current ages of all those who had chickenpox in the past 12 months?

Varic3a to
Varic3r

Code ages:

0 = <1 year

97 = 97 and older

98 = Dk/NS

99 = Ref

a. Person #1 ____

b. Person #2 ____

c. [Etc.]

MA33.4. Have you or anyone else currently living in your household ever had shingles?

Varic4

1 Yes

2 No

7 Don't know/Not sure

9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

MA33.5. What are the current ages of all those who ever had shingles?

Varic5a to
Varic5r

Code ages:

0 = <1 year

97 = 97 and older

98 = Dk/NS

99 = Ref

a. Person #1 ____

b. Person #2 ____

c. [Etc.]

IF MA33.5 = 98 OR 99 FOR ANY PERSON, THE NEXT QUESTION FOR THAT PERSON IS MA33.7.

MA33.6. {CATI : Ask for each person listed in MA33.5, in the same order as MA33.5] How old was the _____ year old when they had shingles?

Varic6a to Varic6r	Code ages:		
	0 = <1 year	a. Person #1	_____
	97 = 97 and older	b. Person #2	_____
	98 = Dk/Ns	c. Etc.]	
	99 = Ref		

Pre-MA33.7

{If MA33.5a minus MA33.6a = [0,1] or MA33.5b minus MA33.6b = [0,1] etc. then go to MA33.7 OR IF MA33.5 = 98 OR 99, ASK MA33.7 BUT SUBSTITUTE “person with shingles designated previously” rather than “_____ year old”; Else go to next section}

MA33.7 {CATI: Ask for each person for whom MA33.5 – MA33.6 = [0,1], in same order as MA33.5}: Did the _____ year old have shingles in the last 12 months, that is since {INSERT CURRENT MONTH} of last year?

Shingles1a to Shingles1r	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

Section 34: Reactions to Race [Split 3]

{If split = 3 then continue; else go to next section}

{If HISPANC2 = 1 or MRACE = [2, 3, 4, 5, 6] or ORACE2 = [2, 3, 4, 5, 6] then continue;
Else if (MRACE = 1 (and ONLY 1) and HISPANC2 = 2) or (ORACE2 = 1 and HISPANC2 = 2) then
randomly select 25% of the respondents to continue;
Else go to next section}

Earlier I asked you to self-identify your race. Now I will ask how other people identify you and treat you.

RRCLASS2 How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(315)

Rrclass2	1	White
	2	Black or African American
	3	Hispanic or Latino
	4	Asian
	5	Native Hawaiian or Other Pacific Islander
	6	American Indian or Alaska Native
	7	Some other group (please specify) _____
	8	Don't know / Not sure
	9	Refused

[INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.]

RRCOGNT2 How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

(316)

Rrcognt2		Never
		Once a year
		Once a month
	4	Once a week
	5	Once a day
	6	Once an hour
	8	Constantly
	7	Don't know / Not sure
	9	Refused

[INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.]

{CATI INSTRUCTION: If Question EMPLOY = [1,2,4] continue; else go to question MA34.4}

RRATWRK2 Within the past 12 months at work, do you feel you were treated worse than other races, the same as other races, better than other races, or worse than some races but better than others?

(317)

Rratwork	1	Worse than other races
	2	The same as other races
	3	Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

RRHCARE3 Within the past 12 months, when seeking health care, do you feel your experiences were worse than other races, the same as other races, better than other races, or worse than some races but better than others?

(318)

Rrhcare2	1	Worse than other races
	2	The same as other races
	3	Better than other races

Do not read:

- 4 Worse than some races, better than others

- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

[INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.]

MA34.5. Within the past 12 months, have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

(323)

- | | | | |
|------------------|---|-----------------------|----------------|
| Rrphysym1 | 1 | Yes | (Go to MA34.6) |
| | 2 | No | (Go to MA34.7) |
| | 7 | Don't know / Not sure | (Go to MA34.7) |
| | 9 | Refused | (Go to MA34.7) |

MA34.6. On average, how often have you experienced these physical symptoms during the past 12 months?

- | | | |
|------------------|---|--------------------------|
| Rrphysym2 | 1 | No more than once a year |
| | 2 | At least once a month |
| | 3 | At least once a week |
| | 4 | At least once a day |
| | 5 | At least once an hour |
| | 6 | Constantly |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

MA34.7. Within the past 12 months, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(324)

- | | | | |
|-----------------|---|-----------------------|----------------------|
| Rremtsm1 | 1 | Yes | (Go to MA34.8) |
| | 2 | No | (Go to next section) |
| | 7 | Don't know / Not sure | (Go to next section) |
| | 9 | Refused | (Go to next section) |

MA34.8. On average, how often have you felt emotionally upset during the past 12 months?

- | | | |
|-----------------|---|--------------------------|
| Rremtsm2 | 1 | No more than once a year |
| | 2 | At least once a month |
| | 3 | At least once a week |
| | 4 | At least once a day |
| | 5 | At least once an hour |
| | 6 | Constantly |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

Section 35: Alcohol and Health [Split 2]

If split = 1 or 3 then go to next section;
Else if split = 2 then continue to pre-MA35.1

Pre-MA35.1:

If ALCDAY4 = (102-107 or 206-230) or (AVEDRNK2 or MAXDRNKS or DRINKDRI = (06-76)) then go to MA35.2;

Else if ALCDAY4 = (777, 888, 999) or AVEDRNK2 = (77, 99) then go to MA35.1;

Else if total drinks > or = 6 then go to MA35.2;

Total number of drinks is defined using the following logic:

If ALCDAY4 = (101) then total drinks = (ALCDAY4 – 100) * AVEDRNK2 * 4

If ALCDAY4 = (201-205) then total drinks = (ALCDAY4 – 200) * AVEDRNK2

Else go to MA35.1

The next questions are about alcohol and its effects, especially on your health. Remember that your answers are strictly confidential.

MA35.1. Have you had at least six drinks in your lifetime?

Ahlc14a

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

[Continue]
[Go to next Section]
[Go to next Section]
[Reassure That No Harm Can Result from this Interview; if still refuses, Go to next Section]

MA35.2. The next questions are about experiences that you may have had in your life as a result of drinking.

Alch1a-
alch1f

	Yes	No	Don't Know/ Not Sure	Refused
MA35.2a. Did you ever continue to drink when you knew it was causing you medical or psychological problems (such as cirrhosis or depression) or making these problems worse? MEDICAL PROBLEM	1	2	7	9
MA35.2b. Did you ever have symptoms of alcohol withdrawal such as the shakes, vomiting, sweats, hallucinations, confusion, or a seizure? WITHDRAWAL SICKNESS	1	2	7	9

MA35.2c. Did you ever drink alcohol or take a sedative or tranquilizer to relieve or avoid alcohol withdrawal symptoms? 1 2 7 9

WITHDRAWAL SICKNESS

MA35.2d. Did drinking cause you to give up or reduce any important activities, like doing things with friends or family, going to work or school, or participating in sports? 1 2 7 9

REDUCE IMPORTANT ACTIVITIES

MA35.2e. Have you often thought that you should quit or cut down on your drinking, or tried to do so more than once without success? 1 2 7 9

UNABLE TO QUIT

MA35.2f. Has there ever been a period when you spent a lot of time drinking, obtaining alcohol, or recovering from a hangover or other effects? 1 2 7 9

SPEND A LOT OF TIME ON IT

MA35.2g. Have you often had days when you ended up drinking a lot more or for a much longer time than you intended? 1 2 7 9

LOSS OF CONTROL

MA35.2h. Did you ever find that you no longer got the feeling you desired from the amount of alcohol you used to drink, or that you had to drink much more to get the same effect? 1 2 7 9

TOLERANCE

[Count yes (1) responses to MA35.2a to MA35.2h, but count a yes (1) to both MA35.2b and MA35.2c as just one yes;

if the sum is three or more, continue;

if the sum is one or two, go to MA35.5; if the sum is zero, go to MA35.6]

[Before MA35.3, read the summary statement for each yes (1) response in MA35.2a to MA35.2h to remind respondent of what he/she said]

To summarize, you said that drinking caused you ____, ____, and _____. [MEDICAL PROBLEMS/WITHDRAWAL SICKNESS/ TO REDUCE IMPORTANT ACTIVITIES /TO BE UNABLE TO QUIT/TO SPEND A LOT OF TIME ON IT/LOSS OF CONTROL/TOLERANCE]. The next questions are about these experiences.

[If count of 1's is equal to three, say "these three"; if the count of 1's is more than three, say "three or more of these" in MA35.3].

MA35.3. Have you ever had (these three/three or more of these) experiences during the same 12-month period?

Alch2

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[Continue]
[Go to MA35.5]
[Go to MA35.5]
[Go to MA35.5]

MA35.4. When was the last time you had (three or more of) these experiences during the same 12 months? Was it . . .

Alch3

Read: 1 In the past year
2 Within the past two years
3 More than two years ago

Don't Read: 7 Don't know / Not sure
9 Refused

MA35.5. How severe were these experiences the last time you had them? Were they

Alch4

Read: 1 Not severe
2 Somewhat severe
3 Very severe

Don't Read: 7 Don't know / Not sure
9 Refused

MA35.6. The next questions are about other things that might have happened to you in your life as a result of drinking alcohol. Remember your answers are completely confidential.

Alch5i_a-d

MA35.6a. Were you often under the influence of alcohol in situations where you or others could have gotten hurt, for example when driving a car or operating a machine?
DANGEROUS SITUATIONS

Yes No Don't Know/ Not Sure Refused

1 2 7 9

MA35.6b. Did your being under the influence of alcohol or being hung over interfere with responsibilities at home, work, or school?
NEGLECT RESPONSIBILITIES

1 2 7 9

MA35.6c. Did you continue drinking even though it kept causing or worsening interpersonal problems with your family, friends, or people at school or work?
INTERPERSONAL PROBLEMS

1 2 7 9

MA35.6d. Has your drinking caused you legal problems more than once in a year, such as being arrested for disorderly conduct or drunk driving?
LEGAL PROBLEMS

1 2 7 9

[If MA35.6a to MA35.6d are all either no (2), don't know/not sure (7), or refused (9), Go to Drug Use and Health Section; otherwise continue]

[Read summary of each yes (1) response in MA35.6a to MA35.6d to remind respondent of what he/she said]

To summarize, you said that drinking caused you to _____, (and) _____ (BE IN DANGEROUS SITUATIONS, NEGLECT RESPONSIBILITIES, HAVE INTERPERSONAL PROBLEMS, HAVE LEGAL

PROBLEMS). The next questions are about this experience/these experiences.

[If only one yes (1) response to MA35.6a to MA35.6d, then refer to “that”; if more than one yes (1) to MA35.6a to MA35.6d, then refer to “one of these things” when asking MA35.7]

MA35.7. When was the last time (that/ one of these things) happened more than once within a 12-month period?

Alch6

Read:

1	In the past year
2	Within the past 2 years
3	More than 2 years ago

Don't Read:

7	Don't know / Not sure
9	Refused

[If only one yes (1) response to MA35.6a to MA35.6d, then refer to “was the problem”; if more than one yes (1) to MA35.6a to MA35.6d, then refer to “were these problems” when asking MA35.8]

MA35.8. How serious (was the problem/ were these problems) the last time?

Alch7

Read:

1	Not serious
2	Somewhat serious
3	Very serious

Don't Read:

7	Don't know / Not sure
9	Refused

Section 36: Drug Use and Health [Split 2]

If split = 2 then continue;
Else if split = 1 or 3 then go to next section

Drgh1a-
drgh1d

going to ask you about prescription medicines and other drugs that you may have used. The questions will focus on the effects of these substances, especially on your health.

MA36.1. Has a doctor or other health professional ever prescribed any of the following medicines for you to treat a medical, dental, psychological, or behavioral problem?

	Yes	NO	Don't Know/ Not Sure	Refused
MA36.1a. Tranquilizers such as Xanax, Klonopin, Ativan, Valium, Serax, or Librium	1	2	7	9
MA36.1b. Pain killers such as Vicodin, Percodan or Percocet, codeine, OxyContin, Demerol, or Darvon	1	2	7	9
MA36.1c. Stimulants such as Ritalin, Adderall, Dexedrine, Provigil, or Concerta	1	2	7	9
MA36.1d. Sedatives or sleeping pills such as Nembutal, Quaalude, Restoril, or Seconal	1	2	7	9

[If responses to all drugs in MA36.1a to MA36.1d are no (2), don't know (7), or refused (9), go to MA36.4; If responses included a yes (1) for one or more of the drugs in MA36.1a to MA36.1d, ask MA36.2]

[If only one yes (1) response to the drugs in MA36.1a to MA36.1d, then refer to the DRUG NAME (CATI fill in: tranquilizers, pain killers, stimulants, or sedatives); if more than one yes to drugs in MA36.1a to MA36.1d, then refer to "any of these drugs"]

MA36.2. In the past year, have you felt dependent on [DRUG NAME /any of these drugs] or experienced trouble getting off of the medication when your doctor said that you no longer needed it?

Drgh2

1	Yes	[Go to pre-MA36.3]
2	No	[Go to MA36.4]
7	Don't know / Not sure	[Go to MA36.4]
9	Refused	[Go to MA36.4]

[If more than one yes (1) in MA36.1a to MA36.1d, continue; if only one yes (1), go to MA36.4]

MA36.3 On which prescription drugs were you dependent or unable to stop using when no longer needed medically?

[Read only drugs used in MA36.1a to MA36.1d]

Drgh3a
-drgh3d

	Yes	NO	Don't Know/ Not Sure	Refused
MA36.3a. Tranquilizers?	1	2	7	9
MA36.3b. Pain killers?	1	2	7	9
MA36.3c. Stimulants?	1	2	7	9
MA36.3d. Sedatives?	1	2	7	9

MA36.4. “Non-medical” drug use means using it to get high, see what the effects are like, or use with friends. In your lifetime have you taken any of the following drugs six or more times for non-medical purposes?

[Re-assure respondent of confidentiality if he/she refuses to answer; try reading question again, but move on if continues to refuse; Read each drug category one at a time, and offer choices “yes” or “no”]

	Yes	NO	Don't Know/ Not Sure	Refused
Read:				
MA36.4a. Marijuana or hashish	1	2	7	9
MA36.4b. Painkillers such as Vicodin, Percodan or Percocet, codeine, OxyContin, Dilaudid, or Demerol	1	2	7	9
MA36.4c. Cocaine or crack	1	2	7	9
MA36.4d. Tranquilizers such as Valium, Klonopin, or Xanax	1	2	7	9
MA36.4e. Stimulants, diet pills, “uppers,” or “speed,” such as Methamphetamine, Benzedrine, Ritalin, or Provigil	1	2	7	9
MA36.4f. Hallucinogens such as LSD or “acid,” PCP or “angel dust,” or Ecstasy or “MDMA”	1	2	7	9
MA36.4g. Sedatives, sleeping pills, “downers,” or barbiturates such as Quaaludes, Nembutal, Restoril, or Seconal	1	2	7	9
MA36.4h. Inhalants such as amyl nitrite (“poppers”), nitrous oxide (“whippets”), cleaning fluid, glue, or lacquer thinner	1	2	7	9
MA36.4i. Heroin	1	2	7	9

[If either no (2), don't know (7), or refused (9) for all of the drugs in MA36.4a to MA36.4i, go to next Section on Alcohol and Drug Treatment; otherwise continue]

[Each drug that was used non-medically six or more times (response 1) in MA36.4a to MA36.4i is the subject of the following questions].

MA36.5. The next questions are about experiences that you may have had as a result of using the drugs that you took six or more times non-medically.

		Yes	No	Don't Know/ Not Sure	Refused
Drgh5a	MA36.5a. Did you ever continue using a drug non-medically when you knew it was causing you medical or psychological problems or making them worse? MEDICAL PROBLEMS	1	2	7	9
Drgh5b	MA36.5b. Did you ever have symptoms of drug withdrawal such as depression, fatigue, weakness, yawning, insomnia, or seizures when you stopped using a drug non-medically? WITHDRAWAL SICKNESS	1	2	7	9
Drgh5c	MA36.5c. Did you use the drug or similar drugs to cure or avoid the withdrawal symptoms? WITHDRAWAL SICKNESS	1	2	7	9
Drgh5d	MA36.5d. Did you often have days when you ended up using a lot more or using for a much longer time than you meant to or originally intended? LOSS OF CONTROL	1	2	7	9
Drgh5e	MA36.5e. Have you often thought that you should quit or cut down on your drug use, or tried to do so more than once but without success? UNABLE TO QUIT	1	2	7	9
Drgh5f	MA36.5f. Has there ever been a period when you spent a lot of time using a drug non-medically, getting it, or getting over its effects? SPEND A LOT OF TIME	1	2	7	9
Drgh5g	MA36.5g. Did non-medical drug use cause you to give up or reduce any important activities like doing things with friends or family, going to work or school, or participating in sports? REDUCE IMPORTANT ACTIVITIES	1	2	7	9
Drgh5h	MA36.5h. Did you ever find that you no longer got high on the drug amount you used to take, or that you had to use much more to get the same effect? TOLERANCE	1	2	7	9

[Count yes (1) answers to MA36.5a to MA36.5h, but count a yes (1) to both MA36.5b and MA36.5c as just one yes. If the sum is three or more, continue; if the sum is one or two, go to MA36.9; if the sum is zero, go to MA36.10]

[Read summary of each yes (1) response in MA36.5a to MA36.5h to remind respondent of what he/she said]

To summarize, you said that non-medical drug use caused you _____, _____, (and) _____
(MEDICAL PROBLEMS/WITHDRAWAL SICKNESS/TOLERANCE/TO REDUCE IMPORTANT ACTIVITIES/LOSS OF CONTROL/TO BE UNABLE TO QUIT/TO SPEND A LOT OF TIME ON IT). The next questions are about those experiences.

[If used one drug in MA36.4a to MA36.4i, read “the drug”; if more than one drug in MA36.4a to MA36.4i, read “a drug” in MA36.6]

MA36.6. Has (the drug/ a drug) you used non-medically ever caused three or more of these experiences to happen within the same 12 month period?

Drgh6	1	Yes	[Continue]
	2	No	[Go to MA36.9]
	7	Don't know / Not sure	[Go to MA36.9]
	9	Refused	[Go to MA36.9]

[if used more than one drug six or more times, go to MA36.8; if used only one drug six or more times in MA36.4a to MA36.4i, continue; if three symptoms, read “these three,” if more than three, read “three or more of these”]

MA36.7. When did (these three/ three or more of these) experiences during a 12 month period last happen? Did it happen . . .

Drgh7	Read:	1	In the past year	[Go to MA36.9]
		2	Within the past two years	[Go to MA36.9]
		3	More than two years ago	[Go to MA36.9]
	Don't Read:	7	Don't know / Not sure	[Go to MA36.9]
		9	Refused	[Go to MA36.9]

[If used more than one drug six or more times in MA36.4a to MA36.4i, continue]

MA36.8. I am going to read each of the drugs you have used non-medically six times or more. For each, please tell me when it last caused you to have (three/ three or more) of these experiences. The choices are in the past year, within the past two years, more than two years ago, or never.

[Read only drugs used non-medically 6 or more times (1) in MA36.4a to MA36.4i; repeat the response alternatives after each drug read]

				More Than Two Years Ago	Never	Don't Read: Don't Know/ Not Sure	Don't Read: Refused
Drgh8a	MA36.8a. Marijuana	1	2	3	4	7	9
Drgh8b	MA36.8b. Painkillers	1	2	3	4	7	9

Drgh8c	MA36.8c. Cocaine	1	2	3	4	7	9
Drgh8d	MA36.8d. Tranquilizers	1	2	3	4	7	9
Drgh8e	MA36.8e. Stimulants	1	2	3	4	7	9
Drgh8f	MA36.8f. Hallucinogens	1	2	3	4	7	9
Drgh8g	MA36.8g. Sedatives	1	2	3	4	7	9
Drgh8h	MA36.8h. Inhalants	1	2	3	4	7	9
Drgh8i	MA36.8i. Heroin	1	2	3	4	7	9

[if the count for MA36.5a to MA36.5h equals 1, then say “was this experience” when asking MA36.9; if the count was greater than 1, then say “were these experiences” when asking MA36.9]

MA36.9. How severe (was this experience/were these experiences) the last time that non-medical drug use caused it/them? Was it/ were they . . .

Drgh9	Read:	1	Not severe
		2	Somewhat severe
		3	Very severe
	Don't Read:		
		7	Don't know / Not sure
		9	Refused

MA36.10. The next questions are about other things that may have happened to you in your life as a result of taking drugs non-medically.

		Yes	No	Don't Know/Not Sure	Refused
Drgh10a	MA36.10a. Were there times when you were often under the influence of drugs in situations where you or others could get hurt, for example when you were driving a car or operating a machine? HAZARDOUS SITUATIONS	1	2	7	9
Drgh10b	MA36.10b. Did your repeated use of these drugs interfere with your responsibilities at home or with children, at work, or at school? INTERFERE WITH RESPONSIBILITIES	1	2	7	9

Drgh10c

MA36.10c. Did you continue using drugs even though it kept causing or worsening interpersonal problems with your family, friends, or people at school or work?
INTERPERSONAL PROBLEMS

1 2 7 9

Drgh10d

MA36.10d. Has your drug use caused you legal problems more than once in a year, such as being arrested for possession?
LEGAL PROBLEMS

1 2 7 9

[If either No (2), Don't Know/Not Sure (7), or Refused (9) to all four items MA36.10a to MA36.10d ; go to next Section on Alcohol and Drug Treatment; otherwise continue]

[Read summary of each yes (1) response in MA36.10a to MA36.10d to remind respondent of what he/she said]

To summarize, you said that non-medical drug use caused you to ____ and ____ (BE IN DANGEROUS SITUATIONS, NEGLECT RESPONSIBILITIES, HAVE INTERPERSONAL PROBLEMS, HAVE LEGAL PROBLEMS). The next questions are about that experience/these experiences.

[If used more than one drug in MA36.4a to MA36.4i, go to MA36.12; if used only one drug in MA36.4a to MA36.4i, continue]

[If only one yes (1) in MA36.10a to MA36.10d, then refer to "that experience"; if more than one yes (1) in MA36.10a to MA36.10d, then refer to "one of these experiences" when asking MA36.11 or MA36.12]

MA36.11. When did (that experience/ one of these experiences) with drugs last happen more than once in a 12 month period? Did they happen . . .

Drgh11

Read:	1.	In the past year	[Go to MA36.13]
	2.	Within the past two years	[Go to MA36.13]
	3.	More than two years ago	[Go to MA36.13]
Don't Read:	7	Don't know / Not sure	[Go to MA36.13]
	9	Refused	[Go to MA36.13]

[If yes (1) to more than one drug in MA36.4a to MA36.4i, continue;]

MA36.12. I am going to read each of the drugs you have used non-medically six or more times. For each, please tell me when it last caused you to have that experience/ one of these experiences. The choices are: in the past year, within the past two years, more than two years ago, or never.

Read only drugs respondent said yes (1) to using non-medically 6 or more times in MA36.4a to MA36.4i; repeat response alternatives 1, 2, 3 and 4 as needed after each drug read]

		In the Past Year	Within the Past Two Years	More Than Two Years Ago	Never	Don't Know/ Not Sure	Refused
Drgh12a	MA36.12a. Marijuana	1	2	3	4	7	9
Drgh12b	MA36.12b. Painkillers	1	2	3	4	7	9
Drgh12c	MA36.12c. Cocaine	1	2	3	4	7	9
Drgh12d	MA36.12d. Tranquilizers	1	2	3	4	7	9
Drgh12e	MA36.12e. Stimulants	1	2	3	4	7	9
Drgh12f	MA36.12f. Hallucinogens	1	2	3	4	7	9
Drgh12g	MA36.12g. Sedatives	1	2	3	4	7	9
Drgh12h	MA36.12h. Inhalants	1	2	3	4	7	9
Drgh12i	MA36.12i. Heroin	1	2	3	4	7	9

[if the number of yes (1) responses to MA36.10a to MA36.10d equals 1, then say “was the drug problem” when asking MA36.13; if the number of yes (1) responses to MA36.10a to MA36.10d was greater than 1, then say “were these drug problems” when asking MA36.13.

MA36.13. How serious (was the drug problem/ were these drug problems) the last time that non-medical drug use caused them? Was it/ Were they . . .

Drgh13

Read:

1	Not serious
2	Somewhat serious
3	Very serious

Don't Read:

7	Don't know / Not sure
9	Refused

Section 37: Alcohol and Drug Treatment [Split 2]

{If split = 2 then continue, else if split = 1 or 3 then go to next section}

Pre-MA37.1: [If never had six or more drinks (MA35.1 = 2, 7, or 9), never dependent on a prescription drug (all MA36.1a-MA36.1d = 2, 7, or 9 or MA36.2 = 2, 7, or 9), and never used a drug non-medically five or more times (all MA36.4a to MA36.4i=2, 7, or 9), Go to next section; Otherwise, continue]

[If symptoms or dependence in the past two years (MA35.4 = 1, 2 or MA35.7 = 1, 2 or MA36.2 =1 or MA36.7 = 1, 2 or MA36.11 =1, 2), continue; Otherwise, go to M37.3.

MA37.1. During the past 12 months, has your use of alcohol or drugs interfered with your ability to work, form and maintain close relationships, care for yourself, or care for your home and family?

Datx18

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

[Continue]
[Go to MA37.2]
[Go to MA37.2]
[Go to MA37.2]

Datx19

MA37.1a. How severe was this interference with your functioning? Was it . . .

- | | | |
|--------------------|---|-----------------------|
| Read: | 1 | Not severe |
| | 2 | Somewhat severe |
| | 3 | Very severe |
| Don't Read: | 7 | Don't know / Not sure |
| | 9 | Refused |

MA37.2. During the past 12 months, did you need treatment or counseling for your use of alcohol or drugs?

Datx20

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

MA37.3. Have you ever enrolled in counseling or any other kind of treatment for alcohol or drug use?

Datx7a

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

[Continue]
[Go to next section]
[Go to next section]
[Go to next section]

MA37.3a. How many times in your life have you enrolled in counseling or any other kind of treatment for alcohol or drug use?

Datx8a		# times	[Continue]
	7 7	Don't Know/Not Sure	[Continue]
	9 9	Refused	[Continue]

MA37.4. Have you gotten alcohol or drug treatment in the past year?

Datx21	1	Yes	[Go to next section]
	2	No	[Continue]
	7	Don't know / Not Sure	[Continue]
	9	Refused	[Continue]

Section 38: Gambling [Split 2]

{If split = 2 then continue, else if split = 1 or 3 then go to next section}

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA38.1. Gambling and games of chance include: lottery games, scratch tickets or Keno; bingo; dice or card games for money; horse or dog races; sports pools; casinos; or gambling over the Internet. In the last 12 months, have you gambled or played games of chance for money?

Gambl1	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

MA38.2. At any time in your life would you or anyone else in your family say that the money or time you have spent gambling led to financial problems or any other problems in your family, work, or personal life?

Gambl2	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

Section 39: Family Planning [Split 3]

If Split = [1, 2], Go to Next Section;

Else if Split = 3 then do:

If respondent is female and 51 years of age or older, Go to pre-MA39.4

If HADHYST2 = 1, Go to pre-MA39.4

If PREGNANT = 1, Go to MA39.5

If respondent is male, 60 years of age or older, Go to pre-MA39.4

Else if Split = 3 and respondent is a female, 18-50 years of age, or male, 18-59 years of age, Continue.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

MA39.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert yourself], if male, insert her] from getting pregnant?

NOTE: If more than one partner, consider usual partner.

Fampl4c

- | | | |
|---|--------------------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to MA39.3] |
| 3 | No partner/not sexually active | [Go to pre- MA39.4] |
| 4 | Same sex partner | [Go to pre- MA39.4] |
| 7 | Don't know / Not sure | [Go to pre- MA39.4] |
| 9 | Refused | [Go to pre- MA39.4] |

MA39.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert yourself, if male, insert her] from getting pregnant?

(Read only if necessary)

Fampl5c

- | | | |
|----|---|---------------------|
| 01 | Tubes tied | [Go to pre- MA39.4] |
| 02 | Hysterectomy | [Go to pre- MA39.4] |
| 03 | Vasectomy (male sterilization) | [Go to pre- MA39.4] |
| 04 | Pill, all kinds (Seasonale, etc.) | [Go to pre- MA39.4] |
| 05 | Condoms (male or female) | [Go to pre- MA39.4] |
| 06 | Contraceptive implants (Jadelle or Implants) | [Go to pre- MA39.4] |
| 07 | Shots (Depo-Provera) | [Go to pre- MA39.4] |
| 08 | Other Shots | [Go to pre- MA39.4] |
| 09 | Contraceptive Patch | [Go to pre- MA39.4] |
| 10 | Diaphragm, cervical ring, or cap (Nuvaring or others) | [Go to pre- MA39.4] |
| 11 | IUD (including Mirena) | [Go to pre- MA39.4] |
| 12 | Emergency contraception (EC) | [Go to pre- MA39.4] |
| 13 | Withdrawal | [Go to pre- MA39.4] |
| 14 | Not having sex at certain times (rhythm) | [Go to pre- MA39.4] |
| 15 | Other method (foam, jelly, cream, etc.) | [Go to pre- MA39.4] |
| 77 | Don't know / Not sure | [Go to pre- MA39.4] |
| 99 | Refused | [Go to pre- MA39.4] |

State-added literal: Other method(s) [specify]:_____

MA39.3. What is the main reason for not doing anything to keep [if female, insert “yourself,” if male, insert “your wife/partner”] from getting pregnant?

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization)
- 09 You or your partner had a vasectomy (sterilization)
- 10 You or your partner had a hysterectomy
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 You or Partner are pregnant now

Do not read

- 77 Don't know / Not sure
- 99 Refused

Fampl6c

Pre MA39.4: {If respondent is male or if respondent is female and age 51 or older, then go to Next Section;

Else if respondent is a female, age 18-50 and MA39.1 = [2,3,4,7,9], then go to MA39.5;
Else if respondent is a female, age 18-50 and MA39.1 = 1, then continue}.

MA39.4. Overall, how satisfied are you with using {enter response to MA39.2} as a birth control method? Would you say you are...

PLEASE READ:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very Dissatisfied

Do not read:

- 7 Don't know
- 9 Refused

BC_satis

MA39.5. Have you ever heard of or read about Emergency Contraception (the morning after pill)?

Fampl12

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

[Please read]:

Emergency contraception is a method of birth control that women can use to prevent pregnancy after having unprotected sex.

MA39.6. If you or someone you knew needed it, how could someone get emergency contraception in Massachusetts? Could she get it from a...

Please read:

MA39.6a ___ 1 doctor at a doctor's office

Fampl13a

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6b ___ 2 hospital emergency room

Fampl13b

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6c ___ 3 community health center or clinic

Fampl13c

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6d ___ 4 women's health center or family planning clinic

Fampl13d

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6e ___ 5 college health center

Fampl13e

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6f ___ 6 pharmacist with a doctor's prescription

Fampl13f

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6g ___ 7 pharmacist without a doctor's prescription (that is, it is kept behind the pharmacy counter and you have to ask for it to get it)

Fampl13g

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

MA39.6h ___ 8 Other

Fampl13h

- 1 Yes **[Specify]:** _____
- 2 No
- 7 Don't Know
- 9 Refused

MA39.7. Have you ever used emergency contraception to keep from getting pregnant after having unprotected sex?

Fampl14

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

{pre-MA39.8: If pregnant now (PREGNANT = 1), go to MA39.10, else if female, age 18-50 and PREGNANT = [2,7,9], then continue}

MA39.8. Have you been pregnant in the last 5 years?

Fampl1

- 1 Yes
- 2 No **[Go to MA39.11]**
- 7 Don't know/Not sure **[Go to MA39.11]**
- 9 Refused **[Go to MA39.11]**

MA39.9. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Fampl2

Would you say:

[Please Read]

- 1 You wanted to be pregnant sooner **[Go to MA39.11]**
- 2 You wanted to be pregnant later **[Go to MA39.11]**
- 3 You wanted to be pregnant then **[Go to MA39.11]**
- 4 You didn't want to be pregnant then or at anytime in the future **[Go to MA39.11]**

Do Not Read

- 7 You don't know **[Go to MA39.11]**
- 9 Refused **[Go to MA39.11]**

MA39.10. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say: **(Please Read)**:

Fampl3

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at anytime in the future

Do not read:

- 7 You don't know
- 9 Refused

MA39.11. How do you feel about having a child now or sometime in the future? Would you say:

Fampl10

Please read

- 1 You don't want to have one [Go to Next Section]
- 2 You do want to have one
- 3 You're not sure if you do or don't [Go to Next Section]

Do not read

- 7 Don't know / Not sure [Go to Next Section]
- 9 Refused [Go to Next Section]

pre-MA39.12: if respondent is pregnant (PREGNANT = 1), go to Next Section; else continue

MA39.12. How soon would you want to have a child? Would you say:

Fampl11

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 40: Sexual Behavior [Split 3]

{If split = 3 then continue, else if split = 1 or 2 then go to next section}

{If Split = 3 AND core AGE = 18-64 or 7, 9 (age = 18-64 or DK, REF) then continue;
else go to Next Section}

The next questions are about your sexual behavior. We realize that this is a very personal topic, but we ask these questions of everyone because the answers people give us help us to plan services for Massachusetts residents. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. When answering these questions, please keep in mind that by sex we mean oral, vaginal, or anal sex, but NOT masturbation.

MA40.1. During the past 12 months, have you had sex?

Sexyesno	1	Yes	
	2	No	[Go to MA40.7]
	7	Don't Know/ Not sure	[Go to MA40.7]
	9	Refused	[Go to MA40.7]

MA40.2. During the past 12 months, with how many people have you had sex?

Sex12mb		Enter Number
	<u> </u> <u> </u> <u> </u>	Don't know / Not sure
	9 9 9	Refused

{If MA40.2 = 1, then go to MA40.4}

MA40.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

Sexgend1	1	Only males
	2	Only females
	3	Both males and females
	7	Don't Know/ Not sure
	9	Refused

{If MA40.3=1 or 2, go to MA40.5}

MA40.4. The last time you had sex, was your partner male or female?

Sexgend2	1	Male	
	2	Female	
	7	Don't Know/ Not Sure	[Go to MA40.7]
	9	Refused	[Go to MA40.7]

MA40.5. Now, thinking back about the last time you had sex, did you or your partner use a condom?

Sexconda

- | | | |
|---|------------|----------------|
| 1 | Yes | [Go to MA40.7] |
| 2 | No | [Go to MA40.6] |
| 7 | Don't Know | [Go to MA40.7] |
| 9 | Refused | [Go to MA40.7] |

MA40.6. Which statement best describes the reason you did not use a condom the last time you had sex?

Nocond1a

Please Read

- | | |
|----|---|
| 1 | My partner and I only have sex with each other |
| 2 | I do not like to use condoms |
| 3 | no condom was available |
| 4 | My partner and I had oral sex only |
| 5 | my partner and I were using another form of birth control |
| 6 | my partner and I were trying to get pregnant |
| 8 | my partner and I never discussed using condoms |
| 10 | I was drunk or high |

-or-

- | | |
|----|--|
| 11 | Some other reason (specify) _____ |
|----|--|

Do Not Read

- | | |
|---|-----------------------|
| 7 | Don't Know / Not Sure |
| 9 | Refused |

MA40.7. During the past 12 months has a doctor, nurse or other health professional talked to you about chlamydia?

Sexb1

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

MA40.8. During the past 12 months, has a doctor, nurse or other health professional asked you about your sexual behavior?

Sexb2

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

MA40.9. During the past 12 months, has a doctor, nurse or other health professional asked you about your drinking or drug use?

Sexdd

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

Section 41: Sexual Violence [Split 3]

{If split = 3 continue; else if split = 1 or 2, go to Next Section}

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. ***You may or may not have had some of these experiences yourself, but we ask everyone these questions so we can get a better idea of how common they are.***

This is a sensitive topic. Some people may feel uncomfortable with these questions, ***but I want to remind you that your answers are anonymous and confidential.***

At the end of this section, I will give you a telephone number for an organization that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

SV_consent: Are you in a safe place to answer these questions?

(346)

Ssvskp	1	Yes
	2	No [Go to SV Closing Statement]

My first questions are about unwanted sexual experiences you may have had.

As I read these questions, please keep in mind that they are about things that can be done to a person by anyone, including family members, friends, spouses, dating or other romantic partners, co-workers, acquaintances, or strangers, or anyone else.

MA41.1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

(347)

Sexsit2	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA41.2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

(348)

Sexsit1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {vagina **[If female]**}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

MA41.3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

(349)

Sexatt2	1	Yes	
	2	No	[Go to MA41.5]
	7	Don't know / Not sure	[Go to MA41.5]
	9	Refused	[Go to MA41.5]

MA41.4. Has this happened in the past 12 months?

(350)

Sexatt2a	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

MA41.5. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

(351)

Sexatt1	1	Yes	
	2	No	[Go to MA41.7]
	7	Don't know / Not sure	[Go to MA41.7]
	9	Refused	[Go to MA41.7]

MA41.6. Has this happened in the past 12 months?

(352)

Sexatt1a	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

{CATI: If MA41.3 = 1 (Yes) or MA41.5 = 1 (Yes); continue.
Otherwise, read SV Closing Statement.}

MA41.7. Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you?
CODE UP TO 3 RESPONSES

(353-354)

Do not read:

Sexast7a-c

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators
- 7 7 Don't know / Not sure
- 9 9 Refused

MA41.8. [IF ONE RESPONSE CODED IN MA4.17, ASK:] Was the person who did this male or female?

[IF MULTIPLE RESPONSES GIVEN IN MA41.7, ASK:] Were the persons who did this male, female of both?

(355)

Sexast12

- 1 Male
- 2 Female
- 3 male and female
- 7 Don't know / Not sure
- 9 Refused

SV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-841-8371**. Would you like me to repeat this number?

NOTE: Spanish-language sample should be given the following number to call: **1-800-223-5001**.

Section 42: Suicide and Suicide Survivors [Split 3]

{If split = 3, continue; else if split = 1 or 2, go to Next Section}

The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE]:

Ssuiskp	1	Respondent asks to skip section [Go To Suicide Closing Statement]
	2	Continue

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

MA42.1. During the past 12 months, did you ever seriously consider attempting suicide?

Suic1	1	Yes	
	2	No	[Go to MA42.5]
	7	Don't know/Not sure	[Go to MA42.5]
	9	Refused	[Go to MA42.5]

MA42.2. During the past 12 months, did you actually attempt suicide?

Suic2	1	Yes	
	2	No	[Go to MA42.4]
	7	Don't know/Not sure	[Go to MA42.5]
	9	Refused	[Go to MA42.5]

MA42.3. During the past 12 months, did any suicide attempt result in an injury that required treatment by a doctor, nurse, or other health professional?

Suic5	1	Yes	
	2	No	
	7	Don't know/Not sure	
	9	Refused	

MA42.4. Who, if anyone, have you spoken to about {if MA42.1=1 and MA42.2=2 say “considering”, if MA42.1=1 and MA42.2=1 say “considering or attempting”}, suicide?

Suic6a

[Code up to four]

Suic6b

Please Read

Suic6c

01 No one

Suic6d

02 A family member or friend

03 A crisis hotline or support group

04 A therapist or counselor

05 A medical provider

06 A clergy person

07 Another professional

08 Other **[specify: _____]**

Do not read

77 Don't know/Not sure

99 Refused

MA42.5. Has someone close to you died by suicide?

Suiioth

1 Yes

2 No

[Go to Suicide Closing Statement]

7 Don't know/Not sure

[Go to Suicide Closing Statement]

9 Refused

[Go to Suicide Closing Statement]

MA42.6. Did your loss cause you to want to seek help?

Suiioth1a

1 Yes

2 No

[Go to Suicide Closing Statement]

7 Don't know/Not sure

[Go to Suicide Closing Statement]

9 Refused

[Go to Suicide Closing Statement]

MA42.7. If you sought help, from whom did you seek the most support or assistance?

Please Read

Suihlp

01 No one / I did not seek help **[Go to pre-MA42.9]**

02 A family member or friend

03 A crisis hotline or support group

04 A therapist or counselor

05 A medical provider

06 A clergy person

07 Another professional

08 Other **[specify: _____]**

Do not read

77 Don't know/Not sure

99 Refused

MA42.8. How helpful were they?

Please Read:

Suihlp1

1 not at all helpful

2 minimally helpful

3 moderately helpful

4 very helpful

Do not read:

7 Don't know/Not sure

9 Refused

pre-MA42.9: {If MA42.6 = 1 then continue; else go to Suicide Closing.}

MA42.9. What were the greatest barriers to your obtaining help?

[code up to four]

Please Read

Suihlp2a_a	01	Lack of information about available resources
	02	Lack of financial resources
Suihlp2b_b	03	Concern about what others would think of you or your family
	04	Lack of time
Suihlp2c_c	05	Depression
	06	Lack of resources in your area
Suihlp2d_d	Or	
	08	Other [specify: _____]

Do not read

09 I did not encounter any barriers

77 Don't know/Not sure

99 Refused

Suicide Closing Statement:

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the **National Crisis line at 1-800-273-TALK (1-800-273-8255)**. You can also speak directly to your doctor or health provider.

Section 43: Follow-up [Splits 1,2,3]

{CATI: If Split = 1 and (ASTHMA2 = 1 or CASTHDX2 = 1), continue; Else go to pre-MA43.2}

MA43.1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Massachusetts.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

Asthm_fu	1	Yes
	2	No

Pre-MA43.2: {Ask of all respondents, all splits}

MA43.2 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

Followup	1	Yes
	2	No

Closing statement

{Read to All}

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Massachusetts. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

1	English
2	Spanish
3	Portuguese